

State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

| Contribution Information | | | | | |
|--------------------------|---|---|--|--|--|
| Amount | State Agency Providing the Contribution | Purpose | | | |
| \$5,000,000.00 | J160 - Department of Disabilities and Special Needs | Unumb Center - Disabled Residential & Occupational Center | | | |

| Organization Information | | | | |
|--------------------------|---------------------------------------|--|--|--|
| Entity Name | The Unumb Center for Neurodevelopment | | | |
| Address | 1505 Blanding Street | | | |
| City/State/Zip | Columbia, SC 29201 | | | |
| Website | www.unumbcenter.org | | | |
| Tax ID# | 27-3190242 | | | |
| Entity Type | Nonprofit Organization | | | |

| Organization Contact Information | | | |
|----------------------------------|-------------------------|--|--|
| Name | Lorri Shealy Unumb | | |
| Position/Title | Founder | | |
| Telephone | 803-687-6964 | | |
| Email | lunumb@casproviders.org | | |

| Reporting Period | | | | | |
|------------------|---|--|--|--|--|
| Reporting Period | Quarter 3: January 1, 2023 - March 31, 2023 | | | | |

| Accounting of how the funds have been spent: | | | | | | | |
|--|--------|--------------|-----------|-----------|-----------|--------|---------|
| | Budget | Expenditures | | | | | |
| Description | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| No funds have been spent at this time. | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

| - I bearing the | | A 15 | 60 40 |
|-----------------|--------|--------|----------|
| Expend | iiture | Certii | fication |

| The Organization certifies that the funds have been ex | pended in accordance with the Plan | provided to the Agency Prov | viding the Distribution and for a public purpose |
|--|------------------------------------|-----------------------------|--|
| | | | |

Signature Lorri Shealy Unumb Founder & Board Chair

Title 4/7/23

Date

Printed Name